Approved for use through 7/31/2008, OND ROW

PATE	NT APPLICA	TION F	EE.DE	ERMINAT	nd to	RECOR	information	Unless it	S. DEPARTME	NT OF COMM OMB control nu	ERCE Inber	
Substitute for Form PTO-875									Application or poster Number			
CLAIMS AS FILED - PART I' (Column 1) (Column 2)						SMALL ENTITY			OTHER THAN			
FOR	NUMBER FILED					SHALL ENTITY		→ '	OR SMALL EN			
BASIC FEE 37 CFR 1.16(a))				\dashv	RATE	FEE	4	RATI	FEE FEE			
TOTAL CLAIMS (37 CFR 1.18(c))		ulnus 20 =			┨		 -	┦。	XR	- 1-		
NDEPENDENT CLAIMS 37 CFR 1.18(b))	σ	ninus 3 =	,		┪	× 3	+	- °	R X 1	E .		
VULTIPLE DEPENDENT	CLAIM PRESENT	(37 CF	R 1.18(d))		+	× 3	+	┦。	R XX	2		
* If the difference in column 1 is less than zero, enter 'O' in column 2.						+ 4=	+	- °	R + 1.	=	_	
CLAIMS AS AMENDED - PART II						TOTAL		ہ لـ	R TOTAL			
											7	
1-24-26"	CLAIMS		Calumn 2) IGHEST	(Cotumn 3)		SMALL	ENTITY	°	R OT	HÉR THAN ALL ENTTTY	-	
	EMAINING AFTER	PRE	UMBER VIOUSLY	PRESENT EXTRA	И	RATE	ADD1-	\mathcal{V}	RATE		\dashv	
Total * (37 CFR 1.18(c)) * (17 C	MENDMENT	inus **	IDFOR	. /	11		FEE	4		ADOI- TIONAI FEE	X	
Independent • (37 CFR 1.16(b))	3 M	inus ···	3	-	┨╏	X \$=	 /	OR	X \$:		4	
FIRST PRESENTATION	N OF MULTIPLE DE	РЕМОЕЛТ СІ	Alu ozo		H	X \$=	-/-	OR	x s	/		
19,19,			42 (370	- K 1.16(Q))	L	+s =	 /	OR	+5		٦	
. (9	otumn 1)					ADD'L FEE	<u></u>	OR	TOTAL ADD'L FEE	1	٦	
2/1	CLAIMS MAINING	HK	Olumn 2) CHEST	(Column 3)	Г			٦.	• .		7	
	AFTER ENDMENT	PRE	MBER MOUSLY DFOR	PRESENT EXTRA		RATE	ADDI- HONAL	 	RATE	ADDI-	\downarrow	
Total (37 CFR 1.16(cj)	19 Mb	ius "	Ó		+		FEE	1	1	TIONAL FEE	1	
Independent (37 CFR 1.16(b))	3 Min	ius ····	3	•	r	(1 _ =		OR	x .50.		4	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					Γ			OR	x 200 =		+	
•					-	OTAL DD'L FEE		OR	+.360.	 	4	
	lumn 1)	(Col	umn 2)	(Cotumn 3)	·	DUCTEE		OR	ADD'T FEE		4	
REA	LAIMS MAINING		HEST HBER	PRESENT	Γ	DAYC		١ .			1	
	FTER NDMENT	PREVI	OUSLY FOR	EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL		
(37 CFR L14(e))	Miru			=	×			00		FEE	-	
(37 CFA 1.16(b))	Atinu			=	x	<u>. </u>	·	OR	X 5	 	-	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						s = .		. OR	X \$=		1	
If the entry in column 4	in la se th				TO	TAL DIL FEE			TOTAL		1	
if the entry in column 1 if the "Highest Number if the "Highest Number	Drawdowsky C 11 F	ri in i Hi2	SPACE IS	less than 20 en	lei 7	٠.		OR	ADD'L FEE		1	
If the 'Highest Number P The 'Highest Number P dection of information is	reviously Pald For	or in this:	SPACE is (Ideoenden	ess than 3, ente	1 .3.						1	

This collection of Information is required by 37 CFR 1.16. The Information is required to obtain or retain a benefit by the public which is to file (and by the INSPTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments and Irademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.